

Business License

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us



City of Sisters business licenses are effective July 1 of the current year until June 30 of the following year. License applications are considered delinquent after July 31.

This application is for fiscal year July 1, 2024 through June 30, 2025

BUSINESS LICENSE APPLICATION TYPE	
New _____ Transfer or Change of Ownership _____ Information Change (Address/Name) _____	
Short Term Rental Operating License _____ (must include Business License Attachment 1 for each STR unit)	
Current Business License # _____ Federal Id # _____	
BUSINESS INFORMATION	
Business Name (Please include all names associated with this business (i.e. dba, incorporations etc.)	
Business Street Address	Business Mailing Address
City, State, Zip	City, State, Zip
Date of Business Established: _____ / _____ / _____	Business Email Address:
Business Telephone (_____) - _____	Business Fax (_____) - _____
Please give a brief description of your business:	
BUSINESS OWNER AND EMERGENCY CONTACT INFORMATION	
Principal Owner Last Name, First (or corporation name and contact person as appropriate)	
Principal Owner Mailing Address	City, State, Zip
Owner Home Number (_____) - _____	Owner Cell Number (_____) - _____
Property Owner Name and Phone Number (Property Manager, Management Company etc.)	
Local Emergency Contact	Local Emergency Contact Phone Number
After hours emergency contact number: (_____) - _____	
ADDITIONAL BUSINESS INFORMATION	
Contractors Only: State Issued CCB# _____ Expiration Date _____ Federal Id# _____	
Is your primary business location inside City of Sisters city limits? Yes _____ No _____	

BUSINESS LICENSE FEES

1. Business License July 1-June30	\$105.00	\$ _____
<u>Pro-Rated after September 30:</u>		
3 Quarters October 1-June30	\$78.75	\$ _____
2 Quarters Jan 1-June 30	\$52.50	\$ _____
1 Quarter April 1-June 30	\$26.25	\$ _____
2. Non-Profit License Fee	\$10.00	\$ _____
3. Total # of employees(including working owners, partners, and managers)		
Total Employee _____ Minus credit of 1(one) = _____	\$ 4.00ea	\$ _____
4. Parking District Fee (located within City Commercial District)		
Business Space= _____ Sq. ft. x \$.05		\$ _____
5. Short Term Rental License(s) Total Units _____ x	\$100.00	\$ _____
6. Vehicle For Hire Operation License # of Drivers _____		\$ _____
TOTAL AMOUNT DUE		\$ _____

Note: Approval of a Business License Application does not relieve an applicant from obtaining a sign permit when one is required. If a sign is erected or placed prior to approval of a required sign permit, the sign permit application fee may be doubled.

Initials indicate that I have read and understand these terms _____
Initials

SIGNATURE

The undersigned declares under penalty of law that all information in this application is true.

Signature of Authorized Representative _____ Date _____

Please PRINT Name and Title _____

Application Received Date:	Planning Approved By:
Application Entered By:	Parking District:
Cash Receipt Number:	Building Dept. Approved By:
Business License Number:	

As partners in our community safety, this Business License application has been forwarded to the Deschutes County Sheriff's Office and the Sisters-Camp Sherman Fire District, Sisters, Oregon. Date: